



M.E.C. ID NO. _____

COMMITTEE DISCLOSURE REPORT COVER PAGE INSTRUCTIONS

FORM CD
Cover Page

PURPOSE: Form CD includes the Cover Page, Summary Page and numbered CD Forms. Form CD is used for reporting the receipts and disbursements of a committee as required by the Campaign Finance Disclosure Law. NOTE: Supplemental CD Forms are printed separately from this packet and may be obtained from the Missouri Ethics Commission or your appropriate officer.

CONTENT OF FORM:

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|-----------------|--|-----------------|---|
| Item 1: | Enter the date the report is submitted. | Item 11: | Enter the date of the election for which the report is being filed. |
| Item 2: | Enter the full name of the committee as reported on the Statement of Organization (Form CO-1). | Item 12: | Check the correct box for the type of election for which the report is being filed. |
| Item 3: | Enter the committee's mailing address (if any). | Item 13: | Enter the opening and closing dates of the period covered by this report. |
| Item 4: | Enter the committee's telephone number (if any). | Item 14: | Candidate committees only: List the name of the candidate, address, phone, the office they are seeking, the political subdivision, and political party affiliation. |
| Item 5: | Enter the full name of the committee treasurer. | Item 15: | Check the appropriate box indicating the type of report your committee is filing. |
| Item 6: | Enter the committee treasurer's full mailing address. | Item 16: | The treasurer must sign this report. |
| Item 7: | Enter the treasurer's home and business telephone numbers. | Item 17: | Candidate committees only: The candidate must sign the report. |
| Item 8: | Enter the full name of the deputy treasurer (if any). | | |
| Item 9: | Enter the deputy treasurer's full mailing address. | | |
| Item 10: | Enter the deputy treasurer's home and business telephone numbers. | | |

MISSOURI ETHICS COMMISSION

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CONTACT THE MISSOURI ETHICS
COMMISSION OR YOUR LOCAL ELECTION
AUTHORITY FOR FURTHER INFORMATION